

Sample QAR Cover Sheet

Quarterly Activity Report
Fiscal Year _____, Quarter # _____
Provider Customer Service Program

Contractor Name
Contractor Number
Contractor Type (Carrier, FI, or DMERC)
Contractor Address
Contractor Web address

Regional Office Contact
Regional Office Affiliation by Name and Regional Office # (I-X)

QAR Coordinator: Name, Title
Telephone number
E-mail address

Quarterly Activity Report (QAR) Carriers/Fiscal Intermediaries/DMERC's

Background

Medicare Contractors are required to prepare and submit a Quarterly Activity Report (QAR). This report must address and summarize the steps taken to implement the provider outreach and education portions of the Provider Customer Service Program (PCSP) for each quarter in the current fiscal year. This quarterly report is a summary of the activities and strategies that were used to support the provider customer service program activities within the Medicare Contractor Beneficiary and Provider Communications Manual, IOM 100-9, all pertinent Change Requests (CRs), as well as all required activities in the current fiscal year BPRs, and DMERC SOW.

The report must include information on the Provider Customer Service Program and the provider/supplier communications activities held during the quarter using the following headings:

- A. Provider/Supplier Inquiry Analysis and Provider/Supplier Data Analysis
- B. Seminars/Workshops/Trainings/Teleconferences
- C. Bulletins/Newsletters/Educational Materials
- D. New Technologies/Electronic Media/Expanded Use of the Internet/
Listserv
- E. Partnering with External Entities
- F. Provider/Supplier Communications (P/SCOM) Advisory Group
- G. Internal Development of Provider/Supplier Issues
- H. Training of Provider/Supplier Education Staff
- I. Other Provider/Supplier Outreach and Education Activities

Please note, if you were not funded for CR #3376 in its entirety, please indicate non-applicable sections of the QAR with “N/A.”

Reports must be submitted 30 days after the end of every quarter in the fiscal year. The deadlines for submitting quarterly reports are as follows:

First quarter – January 31
Third quarter – July 31

Second quarter – April 30
Fourth quarter – October 31

Send your QARs electronically in MS Word, with a subject line of “QAR, Contractor Name, & RO (I-X)” to the Regional Office Provider Outreach and Education Contact. You must also send a copy of the QAR to the Central Office of the Centers for Medicare & Medicaid Services (CMS) at providerservices@cms.hhs.gov.

A. Provider/Supplier Inquiry Analysis and Data Analysis

Instructions for completing each field

Column 1 – List the top 10 telephone inquiries, claims submission errors or written inquiries

Column 2 – Provide the number of inquiries received from highest to lowest

**CMS will provide a listing of inquiry types at a later date. At that time, you will be required to use those categories to report.*

1. Telephone Inquiries

List the top 10 telephone inquiries and the number of inquiries received from highest to lowest.

Top 10 Telephone Inquiries	Number Received

Narrative

For the previous quarter, summarize the actions taken to address the top 10 telephone inquiries listed above.

Claim Submission Errors

List the top 10 claims submission errors and the number of inquiries received from highest to lowest.

Top 10 Claims Submission Errors	Number Received

Narrative

For the previous quarter, summarize the actions taken to address the top 10 claims submission errors listed above.

3. Written Inquiries

List the top 10 written inquiries and the number of inquiries received from highest to lowest.

Top 10 Written Inquiries	Number Received

Narrative

For the previous quarter, summarize the actions taken to address these top 10 written inquiries listed above.

4. Frequently Asked Question for National Database

Provide at least one Frequently Asked Question (FAQ) that is appropriate for national usage for the National FAQ Database, if available. Provide both the question and answer. For a more detail, refer to CR 3376.3.3.1. If you do not have an FAQ appropriate for national use, please indicate N/A for the quarter.

B. Seminars/Workshops/Trainings/Teleconferences

List the events held during the quarter by event type, date, location, title, and number of participants.

Event Type *	Date	Location	Title	# of Lines/ # of Participants	Participant Fee (if any)

**ACT=Ask-The-Contractor, P=Presentation (Presentation at Association Meeting or Other Function), S/W=Seminar/Workshop, T=Teleconference (other than ACT), O=Other (specify what other is)*

Instructions for completing each field

Column 1 – Provide the event type using the categories listed above

Column 2 – Date of activity

Column 3 – Location of activity (City, State)

Column 4 – Provide the number of participants present

Narrative

1. General Information

Summarize, in general, how the training topics were determined, how providers were notified, and what follow up activities or education, if any, were provided in response to issues generated from the training.

2. Training Tailored for Small Providers

Summarize how the training was tailored to meet the needs of small providers/suppliers in your jurisdiction, if applicable. Discuss the educational advantages of these training sessions. Give the number of training sessions held per state.

3. Training Tailored to Reduce the Error Rate

Summarize how CERT data was used to drive your provider outreach and education.

Discuss the educational activities that focused on those areas of the error rate that represented a high dollar impact to the Medicare program. Carriers and DMERCs must provide the contractor specific provider compliance error rate. FIs must use the contractor specific paid claims error rate.

4. “Ask-The-Contractor” Teleconferences (ACT)

Summarize how you utilized provider/supplier input/communication channels, including the P/SCOM Advisory Group, to solicit topics for the ACT meetings. Discuss what educational outcomes have resulted from these meetings and the response of the provider community to the teleconferences.

C. Bulletins/Newsletters/Educational Materials

Provide a link to your website that lists the bulletins/newsletters and educational materials disseminated to providers last quarter. Please indicate if you are not part of the E-Bulletin Initiative, and why.

D. New Technologies/Electronic Media/Expanded Use of the Internet/Listserv

1. Marketing of Self-Service Technology

Summarize how you used new technologies and other electronic media efficiently and timely to disseminate Medicare provider/supplier information. Based on the guidelines mentioned in 3376.3.3, what solutions do you have in place to reach providers that lack Internet access? Discuss any current web enhancements and future technology plans that substantiate the use of self-service technology.

2. Electronic Mailing Lists / Listserv(s)

Summarize how you marketed your listserv to providers/suppliers. Report the total number of times you have used your listserv(s) during the quarter. As of the end of the quarter, state the number of unique individual members of your listserv(s), and the percentage of your active providers/suppliers this represents.

Provide a link to a website page that contains information about prior listserv(s) messages sent to providers last quarter, if available.

3. Expanded Use of the Internet

Summarize how you used web-casting, web-based conferencing and computer based training to educate your provider/supplier community this quarter. Specifically discuss how you expanded Internet offerings per 3376.3.3. How has this expansion improved communication with the provider/supplier community?

E. Partnering with External Entities

List the external partners with whom your entity has communicated or collaborated with during the previous quarter for the purpose of educating Medicare providers/suppliers. Detail any joint accomplishments that have occurred from these partnerships.

F. Provider/Supplier Communications (P/SCOM) Advisory Group

Summarize the P/SCOM Advisory Group activities, and how their recommendations and feedback were incorporated into your provider/supplier educational events. Discuss if new providers/suppliers were recruited to participate in the advisory group last quarter.

- Attach a copy of your P/SCOM Advisory Group meeting minutes (including attendees) to this report.
- Attach a copy of your P/SCOM Advisory Group roster, and include the specialty or group affiliation.

If any of this information can be found on your website, you may provide a link in lieu of attaching this information to the report.

G. Internal Development of Provider/Supplier Issues

List the provider/supplier educational topics generated from the internal meetings with staff from other areas in your organization. Discuss any follow-up and/or planned provider outreach and education activities that resulted from issues raised at these meetings, as well as future goals relevant to provider outreach and education. *Minutes shall be kept and made available upon request.*

H. Training of Provider/ Supplier Education Staff

List the training topics for the provider education staff last quarter, if applicable. List how and when the staff was trained on these issues. Discuss if any new training tools were developed last quarter. *Training/developmental plans and materials shall be made available upon request.*

I. Other Outreach and Education Activities

Discuss any additional provider outreach and education activities held during the previous quarter. Include activities to develop new provider outreach and education materials or significantly revise existing ones.